

**REVOCATION OF POWER OF
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/522,652
Filing Date	Janaury 22, 2005
First Named Inventor	Oleg Epshtein
Art Unit	1644
Examiner Name	WEN, Sharon X
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 27538

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

27538

OR

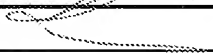
<input checked="" type="checkbox"/> Firm or Individual Name	Kaplan Gilman Gibson & Dernier LLP		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	
Name	Oleg Epshtein
Date	07.08.2008

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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